

Lancashire County Council

Thornton House Home for Older People

Inspection report

Whimbrel Drive
off Mayfield Avenue
Thornton Cleveleys
Lancashire
FY5 2LR

Date of inspection visit:
20 November 2018

Date of publication:
12 December 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 20 November 2018 and was unannounced.

Thornton House accommodates 45 people across four separate units, each of which have separate adapted facilities. One of the units (Byron) specialised in providing care to people living with dementia. Two units (Keats) provided rehabilitation services and the Wordsworth unit provided mainstream residential care. At the time of our inspection visit on 20 November 2018 there were 32 people who lived at the home.

Thornton House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. When we undertook this inspection visit the registered manager was on extended leave and wasn't in post undertaking their day to day managerial duties.

At the last inspection on 20, 21, 29 November and 05 December 2017 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to safe care and treatment, staffing, notifications of other incidents and good governance. We received a provider action plan and the provider said they would meet the relevant legal requirements by 30 April 2018. During our inspection visit on 20 November 2018 we found these actions had been completed.

During the last inspection of the service we found the home in breach of the regulation associated with ensuring the risks to people's health, care and welfare were appropriately assessed. During this inspection we found risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

When we last inspected the service we found the deployment of staff during the night was not always sufficient to meet people's support plan requirements. Checks completed during the night on the services four units were inconsistent. This left frail and vulnerable people unsupervised and at risk of harm. During this inspection we found regular checks were completed and people received the support they required.

At the last inspection we found staff had not received training for maintaining and checking bedrails. Good practice guidance says staff must receive training in relation to the safe use of bedrails. During this inspection we found staff had received the required training.

During the last inspection we identified four serious injuries that had occurred over a seven month period

which had not been reported to CQC. During this inspection we did not identify any accidents which the service hadn't reported to CQC.

When we last inspected the service we found the quality and accuracy of documentation maintained by the service was inconsistent. We found gaps in records and a lack of information about people at risk of losing weight with their dietary intake. During this inspection we found records maintained were accurate and reflected people's needs.

At the last inspection the service used a variety of methods to assess and monitor the quality of the service. However, these had not been effective and had failed to identify the concerns we found during the inspection process. During this inspection we found the service had effective auditing and quality assurance systems in place.

During this inspection people who lived at the home and their visitors told us they were very happy with the care provided at the home and staff were caring and compassionate. They told us staff were kind and attentive and spent quality time with them. Comments received included, "The girls here are all carers. They are so competent they know what people need." And, "The staff are wonderful, they will do anything for you."

People told us they felt safe in the care of staff and were happy living at the home.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff had been recruited safely, appropriately trained and supported.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were respected.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

Support plans were organised and had identified care and support people required. We found they were informative about care people had received. We saw people had consented to their care and treatment and where appropriate family members who had the legal authority to do so.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. The design of the building and facilities provided were appropriate for the care and support provided.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

The service had safe infection control procedures in place and staff had received infection control training.

Meal times were relaxed and organised around people's individual daily routines. People who required help to eat their meals were supported by caring, attentive and patient staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

The service had information about support from an external advocate should this be required by people they supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

We reviewed infection prevention and control processes and found suitable systems were in place.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received mandatory training.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's end of life wishes had been discussed with them and documented.

People told us they knew their comments and complaints would be listened to and acted on effectively.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Thornton House Home for Older People

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 20 November 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 20 November 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. We contacted Healthwatch Lancashire who are an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included 10 people who lived at the home, two relative's, a visiting healthcare professional, the services senior operations manager, the acting manager, assistant care manager, service officer, catering manager, five care workers and the cook. We also observed care practices and how the staff interacted with people in their care.

We looked at support plan records of six people, staff recruitment, training and supervision records of six staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medicines records of eight people. We reviewed the services staffing levels and checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

When we last inspected the service we found the registered provider was not appropriately assessing and managing risks to people living in the home. Suitable plans were not developed to support people against those risks. People's individual evacuation and contingency plans left a risk of an unsafe and unorganised evacuation.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment)

During this inspection we found risk assessments had been completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe. We saw where potential harm to people had been identified consent to protect the person had been sought from them or family members who had the legal authority to do so.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. These were located in each person's care plan and fire evacuation book. These were easily accessible to staff should they be required to support people with evacuation from the premises. We looked at a selection of PEEPS and saw the information provided was up to date and provided clear instruction about the level of support each person required. We found the information in PEEPS corresponded with information about people's support needs in their care plan records. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

At our last inspection we found registered provider had failed to ensure staff were effectively deployed at all times. This was because we found instances when staffing deployment had been ineffective in meeting the needs of the people who lived at the home during the night.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Staffing).

During this inspection we found the deployment of staff had been reviewed to ensure people received the supervision and support they required during the night. Hourly environmental welfare checks had been introduced enabling staff to provide oversight to people who may require their help and respond accordingly. We found the number of accidents and incidents occurring during the night had been greatly reduced as a result of the increased safety checks being made. We saw records confirming the checks were being made and these had been audited by members of the management team.

We looked at records for people who required pressure relief during the night. We saw people had been repositioned in line with their care and support plan during the night time period. This showed us staffing

had been effectively deployed to meet people's needs. People who lived at the home and their visitors told us they were happy with staffing levels. Comments received from people who lived at the home included, "If you need them they are usually straight up." And, "When I request help they respond almost immediately. They are not bad at all."

Throughout the inspection we observed safe care practices with staff being kind and patient with people in their care. People who lived at the home who were able to speak with us told us they felt safe in the care of staff who supported them. Comments received included, "It is perfect here. I feel very safe." And, "The staff are very attentive. I feel safe with them."

The service had procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

We looked at the services recruitment procedures. We found relevant checks had been made before two new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked at the medicine store room in the Wordsworth unit and found an organised and clean environment. Room temperatures had been checked daily and showed medicines were stored at a safe temperature. The medicine room was secure and staff on duty held the keys. Fridge temperatures had been recorded daily and were within safe limits.

We observed two staff members administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff members informed people they were being given their medicines and where required prompts were given.

We looked around the home and found it was clean, tidy and maintained. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Hand sanitising gel and hand washing facilities were available around the building.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines.

During this inspection we looked at how the provider had responded to the concerns we raised during our inspection in November and December 2017. We found breaches of regulations and good practice recommendations had been met. Improvements had been made to management of risk, paperwork and systems, deployment of night staff, how the service responded to accidents and incidents and governance. This showed lessons had been learned and the provider had responded to safety concerns identified during the last inspection.

Is the service effective?

Our findings

When we last inspected the service we found staff had not received training for maintaining and checking bedrails and levers although these were routinely used. Good practice guidance says staff must receive training in relation to the safe use of bedrails. MHRA Safe Use of Bed Rails December 2013). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found staff had received the required training. In addition staff had read the providers policies and procedures and had signed documentation confirming they understood the safe use of bed rails and levers. Staff we spoke with confirmed they had received the training. They told us they understood levers were designed to aid mobility in bed and whilst transferring to and from bed.

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from people who lived at the home included, "The staff are brilliant. They are so kind and helpful." And, "One day I was not feeling well and they were brilliant with me. Had the doctor out to me straight away. They looked after me ever so well."

We looked at support plan records of six people who lived at the home and found they contained a full assessment of their needs. Following the assessment the service had provided a holistic approach towards providing person-centred care. Each person had been fully involved in the development and review of their care and support plans. We saw they or a family member had signed consent forms confirming they agreed with the support to be provided. We found the records were consistent and staff provided support that had been agreed with each person.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's mental capacity had been assessed and applications for DoLS had commenced.

We spoke with staff members and viewed their training records. We saw they had completed or were working towards national care qualifications and had access to ongoing training to assist their personal development. Training provided by the service covered a range subjects including safeguarding, health and safety, Mental Capacity Act (MCA) 2005, moving and handling, food hygiene, infection control and medication. Staff had received dementia awareness training and were knowledgeable about how to support people in their care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

All staff spoken with were happy with the quality and variety of training provided for them. They told us they felt they had the skills and knowledge to be able to support people effectively. One staff member said, "We have access to plenty of training which I enjoy attending." We saw scheduled training for November and January included one hours falls training, person centred support, medication, virtual dementia and moving and handling. We noted from the training forms on display these were to be well attended.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

Staff had received regular supervision and told us they felt well supported. This is where individual staff discuss their performance and development with their manager. Staff told us they were encouraged to discuss ideas and any concerns, their training needs and any support they needed in their role. They told us they felt confident and competent to undertake their role. Feedback we received from people who lived at the home was positive about staff competencies. They told us they liked the staff and their needs were being met.

People who lived at the home told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. Comments received included, "The meals are fabulous, the soup is homemade and really good. If you don't like the menu they will make something else for you." And, "The meals are very good indeed. They are well prepared and plentiful and you can have something different from the menu."

Catering staff had information about people's dietary needs and these had been accommodated. These included people who had their diabetes controlled through their diet and people who required a soft diet because they experienced swallowing difficulties. People's likes and dislikes had been documented on their support plans and if they needed assistance with their meals. We saw people with diabetes were being supported with their condition by being encouraged to follow a healthy diet.

We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken. One person visiting a family member said, "[Relative] was so thin and unwell when they arrived here. They really love the meals and have put on over two stones in weight. They look ever so well now."

We observed lunch being served in three of the services dining rooms during our inspection visit. We saw lunch was a light meal comprising of homemade soup, assorted sandwiches or hot alternative followed by a sweet. The main meal of the day was served in the evening. We saw people were given their preferred choice of meal and people with special dietary needs had these met. Food served looked nutritious and well presented. Staff were in attendance throughout to provide support which was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The service worked in partnership with health and social care professionals. People staying on the Keats

units had regular access to occupational therapists and physiotherapists who following initial assessment monitored progress with their rehabilitation. Support plans seen showed how staff supported people to achieve their goals to return home to independent living. These included assisting people with gentle exercise and to mobilise using mobility aids. At the end of people's rehabilitation discharge meetings were held involving the person, their social worker, the multi-disciplinary team, support staff and family members. During the meetings coordinated discharges home were arranged with support from community services if required. This ensured people continued to receive support once they had returned home.

Care practices observed during our visit confirmed people had their needs met. We saw staff worked well together. Support plans seen confirmed access was sought from appropriate professionals when required. These included GP's, district nurses, opticians and chiropodists. Comments received from people who lived at the home and their visitors were positive about the staff and care provided. One person visiting the home said, "I know this is a nice place and [relative] is well looked after."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us care provided at the home was good.

Thornton House is a purpose built building organised into four separate units over two floors. Each unit has its own lounge and dining room with kitchen areas, communal, bathing and toilet facilities and bedrooms. The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. We saw people were relaxed in the company of staff and enjoyed the attention they received from them. People who lived at the home told us they were happy, well cared for and enjoyed living at the home. Comments received included, "The staff are kind and caring. Nothing is too much trouble for them." And, "They will always find time to sit and listen to you. I have never heard one of them say they were too busy, they are all so attentive."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Support plan records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Support plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their support plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for. One person who lived at the home said, "When I came into the home they sat down and produced my care plan with me. I completed my review yesterday."

We spoke with the manager about access to advocacy services should people in their care require their guidance and support. The service had information for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

People we spoke with told us staff were responsive to their care needs and were available when they needed them. We observed staff undertaking their duties and responding to requests for assistance in a timely manner. People said they were happy with their care and the attention they received from staff. Comments received included, "The staff always make time for you. I was feeling down recently so they sat with me and brought me round. I really appreciated the attention."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. The service had a range of methods of communication including visual aids, large print, name badges, access to translators, sign language, easy read documents. The home also had Wi-Fi to access communication aids on the internet.

The service provided a wide range of interesting and innovative activities to keep people stimulated and entertained. These included reminiscence quizzes, bingo and sensory guessing games. We saw the service had conducted a You said, we did consultation, which resulted in people who lived at the home asking for more outings. During the inspection visit people told us they had been to ice cream shops, cafés and a dancing with dignity afternoon with tea, cakes and entertainment. They told us they had thoroughly enjoyed these activities and looked forward to future events.

The service had a complaints procedure which was on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We looked at one complaints held within the complaints file. Details about the nature of the complaint had been clearly recorded by the service and this had been responded to in a timely and appropriate manner. We saw the complaint had been resolved to the satisfaction of the complainant.

Support plans seen confirmed people's end of life wishes had been discussed with them and recorded so staff were aware of these. This meant the service knew people's preferences for end of life care. Three members of the management team were completing an accredited training course to ensure good quality care is provided to people in their care at the end of life. We spoke with one member of the management team who was very enthusiastic about the training provided. The manager told us that anyone receiving end of life care at the home would receive the highest quality of care possible with care home staff being supported by clinical nurse specialists. At the time of our inspection visit no one living at the home was receiving palliative or end of life care.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. When we undertook this inspection visit the registered manager was on extended leave and wasn't in post undertaking their day to day managerial duties.

When we last inspected the service we found the service did not have contemporaneous records of the support provided to people and we found inconsistencies in the quality of the record keeping maintained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance).

During this inspection we found the service had systems and procedures in place to monitor and assess the quality of their service and record keeping. We found the quality of record keeping had improved and we were able to identify clearly the care and support people received. We found food and fluid charts were consistently implemented for people at risk of malnutrition and daily notes consistently followed good practice guidelines. We found no gaps in care notes and people's support plans had been kept under review and updated where needed. This meant staff had information about people's assessed needs which was updated and relevant to the care they required.

At our last inspection the service we reviewed accident and incidents logs and identified four serious injuries that had occurred over a seven month period which had not been reported to CQC. This meant that we did not receive all the information about the home that we should have done. The registered provider must notify CQC without delay of any serious injury to a service user, any abuse or allegation of abuse in relation to a service user, any deprivation of liberty application or the death of a service user. This is so that we can monitor services effectively and carry out our regulatory responsibilities.

This was a breach of Regulation 18 of the Registration Regulations 2009 (notification of other incidents).

During this inspection we found the service had notified CQC without delay about serious injuries, any abuse or allegation of abuse, any deprivation of liberty application or the death of people in their care. This meant we received all the information about the home that we should have done without delay. This enabled CQC to monitor the service effectively and carry out our regulatory responsibilities.

When we last inspected the service we found the service did not have effective systems in place to ensure the safe care and treatment of people who lived at the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed as effective systems were not in place to ensure the safe

care and treatment of people who lived at the home.

At this inspection we found the service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found.

We found the system of quality assurance at the home at the time of this inspection was effective. The developed audits had been consistently completed and there was a clear procedure for monitoring the delivery of the regulated activity. We could see systems and procedures introduced were effective. Quality visits had been undertaken by the management team and these included a high level review of the service. Any actions from this were then transferred onto the home's development plan. This system provided good oversight and the monitoring and audit processes to underpin this was fully embedded.

Safety checks had been completed by staff twice a day to ensure nurse call points and pressure mats were in good working order. In addition checks were made on bedrails and levers twice a day to ensure they were safe. Records completed by staff were then checked by a member of the management team daily and signed confirming they had audited the records.

People who lived at the home and their visitors told us they were happy with the way the home was managed. Comments received included, "Very well managed service. I am very happy with everything." And, "It is a very nice place to live and to get proper care and attention. The managers and staff are very good."

Resident and relative meetings had been held on a regular basis. We looked at the minutes of a recent meeting. We saw topics discussed were people's satisfaction with the service, activities provided and home improvements. We saw the service had received positive feedback about these.

We looked at a sample of surveys completed by people staying on the rehabilitation and residential units. Comments received from people who had stayed on the rehabilitation unit included, 'I have been well looked after and found staff approachable.' And, 'Amazing. I have enjoyed my time here, all staff have been very helpful, friendly, supportive and encouraging.'

Comments received from resident surveys included, 'The care staff are wonderful. They are very helpful and caring.' And, 'Very nice. I have been in and out of homes and this place is 5 stars in my opinion.'

Comments from visitor surveys included, 'This care home is excellent. A very well run home.' And, 'Lovely friendly carers. Top notch. This is a warm and friendly home.'

The service worked in partnership with other organisations to make sure staff followed current practice. These included healthcare professionals such as the falls prevention team, dieticians, speech and language therapists, social services, occupational therapists, physiotherapist and tissue viability nurses. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.